

Solicitation FB-00058

BACKBOARD AND MISCELLANEOUS MEDICAL EQUIPMENT PICK-UP AND DECONTAMINATION

Bid designation: Public



Miami-Dade County

Bid FB-00058
BACKBOARD AND MISCELLANEOUS MEDICAL EQUIPMENT PICK-UP AND DECONTAMINATION

Bid Number **FB-00058**
Bid Title **BACKBOARD AND MISCELLANEOUS MEDICAL EQUIPMENT PICK-UP AND DECONTAMINATION**

Bid Start Date **Apr 4, 2014 8:49:59 AM EDT**
Bid End Date **Apr 18, 2014 6:00:00 PM EDT**
Question & Answer End Date **Apr 11, 2014 2:00:00 PM EDT**

Bid Contact **Martha Perez-Garviso**
305-375-5375
mdperez@miamidade.gov

Contract Duration **5 years**
Contract Renewal **Not Applicable**
Prices Good for **Not Applicable**

Bid Comments The purpose of this solicitation is to establish a contract for the pick-up, cleaning and decontamination of multi-governmental agency backboards and miscellaneous equipment. Backboards and miscellaneous equipment shall be picked up from Miami-Dade County and Broward County hospitals, cleaned and delivered to the Miami-Dade Fire Rescue (MDFR) warehouse.

Item Response Form

Item **FB-00058--01-01 - Backboards and Misc. Equipment**

Quantity **1 each**

Prices are not requested for this item.

Delivery Location **Miami-Dade County**

Miami-Dade County
generic location
Miami FL 33128
Qty 1

Description
N/A

BID NO.: FB-00058
OPENING: 6:00 P.M.

BACKBOARD AND MISCELLANEOUS MEDICAL
EQUIPMENT PICK-UP AND DECONTAMINATION

Apr 18, 2014



MIAMI-DADE COUNTY, FLORIDA

I N V I T A T I O N
T O B I D

TITLE:

BACKBOARD AND MISCELLANEOUS MEDICAL EQUIPMENT PICK-UP AND
DECONTAMINATION

BIDS WILL BE ACCEPTED UNTIL 6:00:00 PM EDT
ON Apr 18, 2014

FOR INFORMATION CONTACT:

Martha Perez-Garviso, 305-375-5375, mdperez@miamidade.gov

IMPORTANT NOTICE TO BIDDERS/PROPOSERS:

- READ THE ENTIRE SOLICITATION DOCUMENT, THE GENERAL TERMS AND CONDITIONS, AND HANDLE ALL QUESTIONS IN ACCORDANCE WITH THE TERMS OUTLINED IN PARAGRAPH 1.2(D) OF THE GENERAL TERMS AND CONDITIONS.
- THE SOLICITATION SUBMITTAL FORM CONTAINS IMPORTANT INFORMATION THAT REQUIRES REVIEW AND COMPLETION BY ANY BIDDER/PROPOSER RESPONDING TO THIS SOLICITATION.
- FAILURE TO COMPLETE AND SIGN THE SOLICITATION SUBMITTAL FORM WILL RENDER YOUR PROPOSAL NON-RESPONSIVE.

**GENERAL TERMS AND CONDITIONS:**

All general terms and conditions of Miami-Dade County Procurement Contracts are posted online. Bidders/Proposers that receive an award from Miami-Dade County through Miami-Dade County's competitive procurement process must anticipate the inclusion of these requirements in the resultant Contract. These standard general terms and conditions are considered non-negotiable subject to the County's final approval.

All applicable terms and conditions pertaining to this solicitation and resultant contract may be viewed online at the Miami-Dade County Procurement Management website by clicking on the below link:

<http://www.miamidade.gov/procurement/library/boilerplate/general-terms-and-conditions-r14-1.pdf>

NOTICE TO ALL BIDDERS/PROPOSERS:

Electronic bids are to be submitted through a secure mailbox at BidSync (www.bidsync.com) until the date and time as indicated in this Solicitation document. It is the sole responsibility of the Bidder/Proposer to ensure their proposal reaches BidSync before the Solicitation closing date and time. There is no cost to the Bidder/Proposer to submit a proposal in response to a Miami-Dade County solicitation via BidSync. Electronic proposal submissions may require the uploading of electronic attachments. The submission of attachments containing embedded documents or proprietary file extensions is prohibited. All documents should be attached as separate files.

For information concerning technical specifications please utilize the question/answer feature provided by BidSync at www.bidsync.com within the solicitation. Questions of a material nature must be received prior to the cut-off date specified in the solicitation. Material changes, if any, to the solicitation terms, scope of services, or bidding procedures will only be transmitted by written addendum. (See addendum section of BidSync site).

Please allow sufficient time to complete the online forms and upload of all proposal documents. Bidders/Proposers should not wait until the last minute to submit a proposal. The deadline for submitting information and documents will end at the closing time indicated in the solicitation. All information and documents must be fully entered, uploaded, acknowledged (Confirm) and recorded into BidSync before the closing time or the system will stop the process and the response will be considered late and will not be accepted.

PLEASE NOTE THE FOLLOWING:

No part of your proposal can be submitted via **HARDCOPY, EMAIL, OR FAX**. No variation in price or conditions shall be permitted based upon a claim of ignorance. Submission of a proposal will be considered evidence that the Bidder/Proposer has familiarized themselves with the nature and extent of the work, and the equipment, materials, and labor required. The entire proposal response must be submitted in accordance with all specifications contained in the solicitation electronically.

**SOLICITATION TITLE: BACKBOARD AND MISCELLANEOUS MEDICAL EQUIPMENT
PICK-UP AND DECONTAMINATION****SOLICITATION NO.: FB-00058****SECTION 2 - SPECIAL TERMS AND CONDITIONS****2.1 PURPOSE**

The purpose of this solicitation is to establish a contract for the pick-up, cleaning and decontamination of multi-governmental agency backboards and miscellaneous equipment. Backboards and miscellaneous equipment shall be picked up from Miami-Dade County and Broward County hospitals, cleaned and delivered to the Miami-Dade Fire Rescue (MDFR) warehouse.

2.2 TERM OF CONTRACT SIXTY (60) MONTHS

This contract shall commence on the first calendar day of the month succeeding approval of the contract by the Board of County Commissioners, or designee, unless otherwise stipulated in the Notice of Award Letter which is distributed by the County's Procurement Management Division, and contingent upon the completion and submittal of all required bid documents. The contract shall expire on the last day of the last sixtieth (60th) month of the contract term.

2.3 METHOD OF AWARD TO A SINGLE LOWEST PRICED BIDDER IN THE AGGREGATE

Award of this contract will be made to the responsive, responsible Bidder that submits an offer on all items listed in the solicitation and whose offer represents the lowest price when all items are added in the aggregate. If a Bidder fails to submit an offer on all items, its overall offer may be rejected. The County will award the total contract to a single Bidder.

2.3.1 MINIMUM REQUIREMENTS AND REQUIRED SUBMITTALS:

Bidders must meet the minimum qualifications as stipulated herein. The County may, at its sole discretion and in its best interest, allow the Bidder(s) to provide the required documents during the bid evaluation period. Failure to provide the required documentation as specified by the County will result in the Bidder(s) not being considered for contract award.

A. Bidders shall have the following two plans and corresponding documentation as it pertains to the Florida Administrative Code, Chapter 64E-16, Biomedical Waste.

1. Biomedical Waste Operating Plan
2. Biomedical Waste Treatment Plan

B. Bidder shall provide a copy of both their Biomedical Waste Operating Plan and Biomedical Waste Treatment Plan along with their bid submittal.

Note: Bidders may attain a copy of Chapter 64E-16, Biomedical Waste by visiting the following website:

<https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64e-16>

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2.4 PRICES SHALL BE FIXED WITH ADJUSTMENTS ALLOWED BASED ON GOVERNMENTAL PRICE INDEX

The prices proposed by the awarded Bidder shall remain fixed for a period of one (1) year after the commencement of the contract. After this period, the awarded Bidder may submit a price adjustment request before the annual anniversary of the contract start date. The request for a price adjustment to the County shall be based on the most recent annual index of the following: **Consumer Price Index (CPI), All Urban Consumers, Miami/Ft. Lauderdale Area, Other Goods and Services.**

It is the awarded Bidder responsibility to request any price adjustment under this provision. For any adjustment to be considered it must be submitted 90 days prior to annual anniversary of the then one (1) year period. The County reserves the right to reject any price adjustments submitted by the awarded Bidder.

The County reserves the right to negotiate lower pricing for any subsequent one (1) year period based on market research information or other factors that influence price. The County reserves the right to apply any reduction in pricing for the one (1) year period based on the downward movement of the applicable index.

The County reserves the right to reject any price adjustments submitted by the awarded Bidder.

2.5 FEDERAL STANDARDS

All items/services to be purchased under this contract shall be in accordance with all governmental standards, to include, but not be limited to meeting guidelines set forth in Chapter 64-E-16 F.A.C. as well as those issued by the Occupational Safety and Health Administration (OSHA), the National Institute of Occupational Safety Hazards (NIOSH), the Florida Department of Health (DOH), Department of Emergency Protection (DEP) and the National Fire Protection Association (NFPA).

2.6 POLLUTION CONTROL

It is the intent of these specifications to comply with the Miami-Dade County Pollution Control Ordinance as stated in Chapter 24 of the Miami-Dade Code. This ordinance is made a part of these specifications by reference and may be obtained, if necessary, by the Bidder through the Regulatory and Economic Resources Department and their address is: Overtown Transit Village North, 701 NW 1st Court, Miami, Florida 33136, Telephone number (305) 372-6700.

2.7 INSURANCE (1) - GENERAL SERVICE AND MAINTENANCE CONTRACT

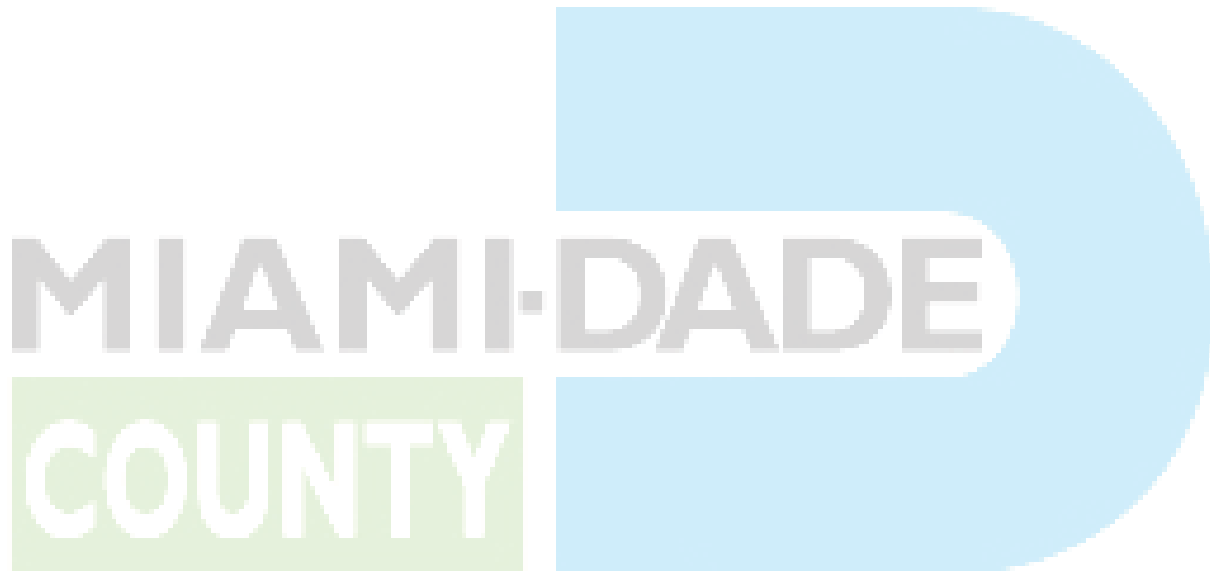
The following supersedes the insurance coverage listed in Section 1, Paragraph 1.21:

- A. Worker's Compensation Insurance for all employees of the Contractor as required by Florida Statute 440.

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- B. Commercial General Liability Insurance on a comprehensive basis in an amount not less than \$1,000,000 combined single limit per occurrence for bodily injury and property damage. **Miami-Dade County must be shown as an additional insured with respect to this coverage.**
- C. Automobile Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work, in an amount not less than \$1,000,000 combined single limit per occurrence for bodily injury and property damage.



SECTION 3 – TECHNICAL SPECIFICATIONS**3.1 SCOPE**

This contract will be utilized for pick-up, cleaning and decontamination of Miami-Dade County multi-governmental agency orange backboards, Freno EXL Scoop Stretchers, Freno Pedi-Paks, Freno traction splints, vacuum splints, Miami-Dade patient carrier, and Freno Kendrick Extrication Devices (KED). These items will be picked up from Miami-Dade County and Broward County hospitals, cleaned and delivered to the Miami-Dade Fire Rescue (MDFR) warehouse.

3.2 SERVICE REQUIREMENTS

The awarded Bidder shall provide required services as follows:

3.2.1 The awarded Bidder shall pick-up backboards, traction splints, vacuum splints and KED devices at each hospital at least twice a week (or as often as deemed necessary by the County Department) with the exception of Jackson Memorial Hospital which will be picked up no less than three times per week and the Broward County Hospitals which will be picked up once a week.

3.2.2 The awarded Bidder will clean the backboards and miscellaneous medical equipment (traction splints, vacuum splints, and KED devices) and deliver to MDFR's Inventory and Supply Bureau Warehouse, located at 6000 SW 87th Avenue, Miami, Florida 33173, every Friday. Should the awardee encounter issues with the pick-up and delivery of required items, the awarded Bidder must contact the MFRD, Logistics Supply Bureau Supervisor for resolution.

3.2.3 Pickup and deliveries shall commence on Mondays at 7:30 a.m. and conclude Fridays at 3:00 p.m.

3.2.4 The awarded Bidder shall promptly correct all deficiencies in the work and/or any work that fails to conform to the contract documents. The cleaned backboards and miscellaneous medical equipment will be inspected by MDFR's Inventory and Supply Bureau Warehouse personnel at time of delivery. Any backboards and miscellaneous medical equipment delivered by the awarded Bidder and found to be cleaned improperly by MDFR, will be returned to the bidder at the next delivery date.

3.3 List of Hospitals:

The awarded Bidder shall pick up from the following hospitals:

A. Miami Dade County:

1. Aventura Hospital

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20900 Biscayne Boulevard, Miami, Florida 33180
(305) 682-7000

2. Baptist Hospital of Miami
8900 N. Kendall Drive, Miami, Florida 33176
(786) 596-5437
3. Doctors Hospital
500 University Drive, Coral Gables, Florida 33146
(786) 308-3000
4. Hialeah Hospital – 24 Hour Emergency Services
651 E 25th Street, Hialeah, Florida 33013
(305) 693-6100
5. Homestead Hospital (Baptist South)
975 Baptist Way, Homestead, Florida 33033
(786) 243-8000
6. Jackson Memorial Hospital & Ryder Trauma Center
1611 NW 12th Avenue, Miami, Florida 33136
(305) 585-1111
7. Jackson Medical Center
128 NE 1st Avenue, Miami, Florida 33132
(305) 577-0093
8. Jackson North Medical Center (formerly Parkway Regional Medical Center)
160 Northwest 170th Street, North Miami Beach, Florida 33169
(305) 651-1100
9. Jackson South Community Hospital
9333 SW 152nd Street, Miami, Florida 33157
(305) 251-2500
10. Kendal Regional Medical Center
1170 SW 40th Street, Miami, Florida 33157
(305) 223-3000
11. Larkin Community Hospital
7031 SW 62nd Avenue, South Miami, Florida 33143
(305) 284-7500

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12. Mercy Hospital
3663 S Miami Avenue, Miami, Florida 33133
(305) 854-4400
13. Metropolitan Hospital of Miami
5959 NW 7th Street, Miami, Florida 33126
(305) 264-1000
14. Miami Children's Hospital
3000 Southwest 62nd Avenue, Miami, Florida 33155
(305) 666-6511
15. North Shore Medical Center
1100 NW 95th Street, #2, Hialeah, Florida 33150
(305) 822-6914
16. Palmetto General Hospital
2001 NW 68th Street, Miami, Florida 33147
(305) 325-5511
17. South Miami Hospital
6200 SW 73 Street, South Miami, Florida 33143
(786) 662-4000

B. Broward County Hospitals:

1. Cleveland Clinic Florida- Weston
2950 Cleveland Clinic Blvd, Weston, Florida 33331
(954) 659-5124
2. Memorial Hospital-Miramar
1901 Sw 172nd Ave Miramar, Florida 33029
(954) 538-5000
3. Memorial Hospital- Pembroke
7800 Sheridan St., Pembroke Pines, Florida 33024
(954) 962-9650
4. Memorial Hospital- West
703 N Flamingo Rd Pembroke Pines, Florida 33028
(954) 436-5000
5. Memorial Regional Hospital
3501 Johnson St Hollywood, Florida 33021
(954) 987-2000

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2. Ferno KED



3. Ferno Traction Splint



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4. FERNO EXL Scoop Stretcher



5. FERNO Pedi-Pac



6. FERNO Vacuum Splint



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7. Miami-Dade Patient Carrier



MIAMI-DADE
COUNTY



**Miami-Dade County
Procurement Management Services
Solicitation Submittal Form**

111 NW 1st Street, Suite 1300, Miami, FL 33128

Solicitation No. FB-00058		Solicitation Title: BACKBOARD AND MISCELLANEOUS MEDICAL EQUIPMENT PICK-UP AND DECONTAMINATION	
Legal Company Name (include d/b/a if applicable): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Federal Tax Identification Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
If Corporation - Date Incorporated/Organized : <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		State Incorporated/Organized: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Company Operating Address: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		City <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	State <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Remittance Address (if different from ordering address): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		City <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Zip Code <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Company Contact Person: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Email Address: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Phone Number (include area code): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Fax Number (include area code): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Company's Internet Web Address: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p>Pursuant to Miami-Dade County Ordinance 94-34, any individual, corporation, partnership, joint venture or other legal entity having an officer, director, or executive who has been convicted of a felony during the past ten (10) years shall disclose this information prior to entering into a contract with or receiving funding from the County.</p> <p><input type="checkbox"/> Place a check mark here only if Bidder/Proposer has such conviction to disclose to comply with this requirement.</p>			
<p>LOCAL PREFERENCE CERTIFICATION: For the purpose of this certification, a "local business" is a business located within the limits of Miami-Dade County (or Broward County in accordance with the Interlocal Agreement between the two counties) that has a valid Local Business Tax Receipt, issued by Miami-Dade County; has a physical business address located within the limits of Miami-Dade County from which business is performed; and contributes to the economic development of the community in a verifiable and measurable way. This may include, but not be limited to, the retention and expansion of employment opportunities and the support and increase to the County's tax base.</p> <p><input type="checkbox"/> Place a check mark here only if affirming Bidder/Proposer meets requirements for Local Preference. Failure to complete this certification at this time (by checking the box above) may render the vendor ineligible for Local Preference</p>			
<p>LOCALLY-HEADQUARTERED BUSINESS CERTIFICATION: For the purpose of this certification, a "locally-headquartered business" is a Local Business whose "principal place of business" is in Miami-Dade County or Broward County in accordance with the Interlocal Agreement between the two counties.</p> <p><input type="checkbox"/> Place a check mark here only if affirming Bidder/Proposer meets requirements for the Locally-Headquartered Preference (LHP). Failure to complete this certification at this time (by checking the box) may render the vendor ineligible for the LHP. LHP is not applicable to qualitative solicitations issued, including but not limited to, Requests for Proposals and Request for Qualifications.</p> <p>The address of the Locally-headquartered office is: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p>			
<p>LOCAL CERTIFIED SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE CERTIFICATION: A Local Certified Service-Disabled Veteran Business Enterprise is a firm that is (a) a local business pursuant to Section 2-8.5 of the Code of Miami-Dade County and (b) prior to bid submission is certified by the State of Florida Department of Management Services as a service-disabled veteran business enterprise pursuant to Section 295.187 of the Florida Statutes.</p> <p><input type="checkbox"/> Place a check mark here only if affirming Bidder/Proposer is a Local Certified Service-Disabled Veteran Business Enterprise. A copy of the certification must be submitted with this proposal.</p>			
SMALL BUSINESS ENTERPRISE CONTRACT MEASURES (if Applicable)			

An SBE/Micro Business Enterprise must be certified by Small Business Development for the type of goods and/or services the Bidder/Proposer provides in accordance with the applicable Commodity Code(s) for this Solicitation. For certification information contact Small Business Development at (305) 375-2378 or access <http://www.miamidade.gov/business/business-certification-programs.asp>. The SBE/Micro Business Enterprise must be certified by proposal submission deadline, at contract award, and for the duration of the contract to remain eligible for the preference. Firms that graduate from the SBE program during the contract may remain on the contract.

Is your firm a Miami-Dade County Certified Small Business Enterprise? Yes ☐ No ☐

If yes, please provide your Certification Number:

SCRUTINIZED COMPANIES WITH ACTIVITIES IN SUDAN LIST OR THE SCRUTINIZED COMPANIES WITH ACTIVITIES IN THE IRAN PETROLEUM ENERGY SECTOR LIST:

By executing this bid through a duly authorized representative, the Bidder/Proposer certifies that the Bidder/Proposer is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, as those terms are used and defined in sections 287.135 and 215.473 of the Florida Statutes. In the event that the Bidder/Proposer is unable to provide such certification but still seeks to be considered for award of this solicitation, the Bidder/Proposer shall execute the proposal through a duly authorized representative and shall also initial this space: . In such event, the Bidder/Proposer shall furnish together with its bid response a duly executed written explanation of the facts supporting any exception to the requirement for certification that it claims under Section 287.135 of the Florida Statutes. The Bidder/Proposer agrees to cooperate fully with the County in any investigation undertaken by the County to determine whether the claimed exception would be applicable. The County shall have the right to terminate any contract resulting from this solicitation for default if the Bidder/Proposer is found to have submitted a false certification or to have been placed on the Scrutinized Companies for Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER/PROPOSER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR A PERIOD OF ONE HUNDRED AND EIGHTY (180) DAYS FROM DATE SOLICITATION IS DUE.

Bidder/Proposer's Authorized Representative's Signature:

Date

Type or Print Name:

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED ABOVE BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE PROPOSAL NON-RESPONSIVE. THE COUNTY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS OFFER.

PRICE PROPOSAL

BACKBOARD AND MISCELLANEOUS EQUIPMENT PICK-UP AND DECONTAMINATION

FIRM NAME: _____

			Initial Affirming Submittal
1	Per Section 2.3.1-B	Bidder shall provide a copy of both their Biomedical Waste Operating Plan and Biomedical Waste Treatment Plan	_____

No.	Estimated Number of Units to be Picked-up and Decontaminated Within a Five Year Period	Description	Price Per Unit
1	30,000	Multi-Government Agency Backboard	\$
2	1,000	FERNO KED	\$
3	1,000	FERNO Traction Splint	\$
4	1,000	FERNO EXL Scoop Stretcher	\$
5	1,000	FERNO Pedi-Pac	\$
6	1,000	FERNO Vacuum Splint	\$
7	1,000	Miami-Dade Patient Carrier	\$

NOTE: Unit prices stipulated above shall include all services per this solicitation.

**FAIR SUBCONTRACTING PRACTICES**

In compliance with Miami-Dade County Code Section 2-8.8, the Bidder/Proposer shall submit with the proposal a detailed statement of its policies and procedures (use separate sheet if necessary) for awarding subcontractors.

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☐ NO SUBCONTRACTORS WILL BE UTILIZED FOR THIS CONTRACT

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Signature

--

Date



SUBCONTRACTOR/SUPPLIER LISTING
(Miami-Dade County Code Sections 2-8.1, 2-8.8 and 10-34)

Name of Bidder/Proposer: _____ FEIN No. _____

In accordance with Sections 2-8.1, 2-8.8 and 10.34 of the Miami-Dade County Code, this form must be submitted as a condition of award by all Bidders/Proposers on County contracts for purchase of supplies, materials or services, including professional services which involve expenditures of \$100,000 or more, and all Proposers on County or Public Health Trust construction contracts which involve expenditures of \$100,000 or more. The Bidder/Proposer who is awarded this contract shall not change or substitute first tier subcontractors or direct suppliers or the portions of the contract work to be performed or materials to be supplied from those identified, except upon written approval of the County. The Bidder/Proposer should enter the word "NONE" under the appropriate heading of this form if no subcontractors or suppliers will be used on the contract and sign the form below.

In accordance with Ordinance No. 11-90, an entity contracting with the County shall report the race, gender and ethnic origin of the owners and employees of all first tier subcontractors/suppliers. In the event that the recommended Bidder/Proposer demonstrates to the County prior to award that the race, gender, and ethnic information is not reasonably available at that time, the Bidder/Proposer shall be obligated to exercise diligent efforts to obtain that information and provide the same to the County not later than ten (10) days after it becomes available and, in any event, prior to final payment under the contract.

(Please duplicate this form if additional space is needed.)

Business Name and Address of First Tier Direct Supplier	Principal Owner	Supplies/Materials/Services to be Provided by Supplier	Principal Owner (Enter the number of male and female owners by race/ethnicity)								Employee(s) (Enter the number of male and female employees and the number of employees by race/ethnicity)							
			M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/Native Alaskan	Other	M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/Native Alaskan	Other

Business Name and Address of First Tier Subcontractor/Subconsultant	Principal Owner	Scope of Work to be Performed by Subcontractor/Subconsultant	Principal Owner (Enter the number of male and female owners by race/ethnicity)								Employee(s) (Enter the number of male and female employees and the number of employees by race/ethnicity)							
			M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/Native Alaskan	Other	M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/Native Alaskan	Other

Mark here if race, gender and ethnicity information is not available and will be provided at a later date. This data may be submitted to contracting department or on-line to the Small Business Development of the Internal Services Department at <http://www.miamidade.gov/business/business-development-contracts.asp>. As a condition of final payment, Bidder/Proposer shall provide subcontractor information on the Subcontractor Payment Report Sub 200 form which can be found at <http://www.miamidade.gov/business/library/forms/subcontractors-payment.pdf>

I certify that the representations contained in this Subcontractor/Supplier listing are to the best of my knowledge true and accurate.

_____	_____	_____	_____
Signature of Bidder/Proposer	Print Name	Print Title	Date

SUB 100 Rev. 1/04



**AFFIDAVIT OF MIAMI-DADE COUNTY
LOBBYIST REGISTRATION FOR ORAL PRESENTATION**

(1) Solicitation Title: _____ Solicitation No.: _____
 (2) Department: _____
 (3) Proposer's Name: _____
 Address: _____ Zip: _____
 Business Telephone: _____ E-Mail: _____

(4) List All Members of the Presentation Team Who Will Be Participating in the Oral Presentation:

Name	Title	Employed By	Email Address

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

The individuals named above are Registered and the Registration Fee is not required for the Oral Presentation ONLY.

Any person who appears as a representative for an individual or firm for an oral presentation before a County certification, evaluation, selection, technical review or similar committee must be listed on an affidavit provided by the County. The affidavit shall be filed with the Clerk of the Board at the time the response is submitted. The individual or firm must submit a revised affidavit for additional team members added after submittal of the proposal with the Clerk of the Board prior to the oral presentation. Any person not listed on the affidavit or revised affidavit may not participate in the oral presentation, unless he or she is registered with the Clerk's office and has paid all applicable fees.

Other than for the oral presentation, Proposers who wish to address the county commission, county board or county committee concerning any actions, decisions or recommendations of County personnel regarding this solicitation in accordance with Section 2-11.1(s) of the Code of Miami-Dade County MUST register with the Clerk of the Board and pay all applicable fees.

I do solemnly swear that all the foregoing facts are true and correct and I have read or am familiar with the provisions of Section 2-11.1(s) of the Code of Miami-Dade County as amended.

Signature of Authorized Representative: _____ Title: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____,

by _____, a _____, who is personally known
 (Individual, Officer, Partner or Agent) (Sole Proprietor, Corporation or Partnership)

to me or who has produced _____ as identification and who did/did not take an oath.

(Signature of person taking acknowledgement)

(Name of Acknowledger typed, printed or stamped)

(Title or Rank)

(Serial Number, if any)

Revised 1/2/14

Question and Answers for Bid #FB-00058 - BACKBOARD AND MISCELLANEOUS MEDICAL EQUIPMENT PICK-UP AND DECONTAMINATION

OVERALL BID QUESTIONS

There are no questions associated with this bid. If you would like to submit a question, please click on the "Create New Question" button below.

Question Deadline: Apr 11, 2014 2:00:00 PM EDT